

Application
For
Employment
With
Sconza Candy Company



An Equal Opportunity Employer

PLEASE PRINT FULL NAME

FIRST

MIDDLE

LAST



APPLICATION FOR EMPLOYMENT WITH
Sconza Candy Company
 An EQUAL Opportunity Employer

PLEASE PRINT

LAST NAME		FIRST NAME		MIDDLE INITIAL
CURRENT ADDRESS		CITY	STATE	ZIP/POSTAL CODE
HOME PHONE NUMBER:		OTHER PHONE NUMBER:		
PLEASE ANSWER THE QUESTIONS BELOW Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you worked for Sconza Candy Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give date _____		What type of work are you applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Internship		Referral Source: <input type="checkbox"/> Agency <input type="checkbox"/> Employee Their name _____ <input type="checkbox"/> Job Faire <input type="checkbox"/> State Job Center <input type="checkbox"/> Classified Advertisement <input type="checkbox"/> Other _____

EDUCATION AND TRAINING				
SCHOOLS ATTENDED	LOCATION CITY/STATE OR COUNTRY	MAJOR COURSE OF STUDY	GRADUATE? YES NO	TYPE OF DEGREE
HIGH SCHOOL OR EQUIV.				
COLLEGE				
GRADUATE SCHOOL				
TECHNICAL SCHOOL				

SCONZA CANDY COMPANY is an Equal Opportunity Employer. The Company does not discriminate against qualified applicants or employees based upon any protected group status, including but not limited to race, color, creed, religion, sex, national origin, ancestry, age, marital status, veteran status, sexual orientation, physical or mental disability, or medical condition as defined by applicable equal opportunity laws.

We hire only U.S. citizens and aliens lawfully authorized to work in the United States. We will require all new employees to complete the designated employer's verification forms which prove identity and employment authorization on the date of hire. Sconza is enrolled in the Department of Homeland Security's e-Verifying program and will use the program to verify the eligibility of all newly hired employees as required.

ACKNOWLEDGEMENT & AGREEMENTS

I understand that, after a conditional offer of employment is made, a medical examination/inquiry, including drug test, may be required by Sconza and employment may be based on the results of that examination...

I understand that all employees may be assigned to work any shift and on weekends.

I certify that the information provided in this Application is accurate. I understand that the withholding of any information sought by this Application or the giving of false information on this Application will result in a refusal to hire or, if discovered after I am hired, in disciplinary action up to and including the termination of my employment.

I hereby grant permission to any person, firm or corporation to release to Sconza Candy Company or its representatives any and all information regarding my past work or employment and my background or to confirm any information I have provided in this Application. I waive any and all claims I might have against any person, firm or corporation who releases information to Sconza Candy Company, as well as its representatives, with respect to providing or receiving such information.

I further understand and agree that if I am offered and accept employment by Sconza Candy Company, my employment would be on an at-will basis. I understand that this means that either I or Sconza Candy Company may terminate the employment relationship at any time, with or without advance notice, and for any reason or no reason or cause. I also understand that this means that Sconza Candy Company reserves the right to determine and change at any time my job duties/responsibilities, title, level, and responsibilities, reporting relationships, compensation and benefits, as well as its personnel policies and procedures, for any reason or for no particular reason or cause.

I ACKNOWLEDGE AND AGREE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE.

SIGNATURE:	DATE:
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EMPLOYMENT HISTORY

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience.

COMPANY NAME		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	FROM	TO
ADDRESS				
SUPERVISOR			PHONE	
POSITION & DUTIES				
REASON FOR LEAVING (This must be completed)				
COMPANY NAME		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	FROM	TO
ADDRESS				
SUPERVISOR			PHONE	
POSITION & DUTIES				
REASON FOR LEAVING (This must be completed)				
COMPANY NAME		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	FROM	TO
ADDRESS				
SUPERVISOR			PHONE	
POSITION & DUTIES				
REASON FOR LEAVING (This must be completed)				
DATES AVAILABLE:				
Earliest	Latest	Return to School		

The Company does not discriminate against qualified applicants or employees based upon any protected group status, including but not limited to: race, color, creed, religion, sex, national origin, ancestry, age, marital status, veteran status, sexual orientation, physical or mental disability, or medical condition as defined by applicable equal opportunity laws.

To help the Company comply with federal/state equal employment opportunity record keeping, reporting, and other legal requirements, we would appreciate **your voluntary answer to the questions listed below**. Refusal to provide the requested information will not result in adverse treatment. Your answers will not adversely impact the determination of your job-related qualifications. The information you provide is confidential, will be used solely for data reporting requirements, and will not be considered in making any employment decisions.

POSITION APPLYING FOR _____

PLEASE CHECK ANY APPLICABLE.

Gender

- Male** **Female** **I do not wish to disclose.**

Please check one of the descriptions below corresponding to the ethnic group with which you identify.

- Hispanic or Latino: Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.
- Asian (not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native (not Hispanic or Latino):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (not Hispanic or Latino)**
- I do not wish to disclose.**

Date

Signature